

Implementing a Statewide ADRC Care Transitions Program: Tips and Toolkit

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**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



What is a QIO?

- Quality Improvement Organization
 - One in every state
 - Contracts with CMS to assist Medicare providers improve patient safety
 - Hospital-acquired infections
 - Nursing home healthcare-acquired conditions
 - Care transitions became a core part of the contract in August 2011 as a cross setting / community based healthcare improvement focus



Finding the QIO Care Transitions Lead in Your State

[http://www.cfmc.org/integratingcare/
contact.htm](http://www.cfmc.org/integratingcare/contact.htm)

Click on the link from that page:

“To find the QIO contact in your state,
please [click here](#)”



QIO Partnership Perspective

- QIO contract included providing technical assistance to communities to apply for CCTP. AAAs met “community based partner” criteria
- Prior AAA relationship was a factor in 4 successful CCTP applications
- As QIO assisted providers in community engagement activities – QIO messaged AAA involvement as essential



QIO Partnership Perspective

- QIO historical relationship with hospitals provided ability to make introductions
- QIO prior experience with Care Transitions Intervention created foundation for supporting AAA model choice



QIO Partnership Perspective

- QIO message to hospitals – don't duplicate services available by AAA's, especially emphasizing the ability to provide long term supports
- QIO encouragement to hospitals to include AAA resource center on campus, invite AAA coordinators to huddles and to round on regular basis (work in progress!)



Examples

- Introductions to hospitals in South King County, Yakima, Tri Cities, etc.
- Support to 4 AAAs for CCTP applications
- “Know Before You Go” Education created by AAA & QIO
- Linking AAA and Kidney Center CM’s
- Upcoming Washington State Hospital Association Readmission Meeting July 2013 with AAA partner focus



Results

- Baseline 10/2010 to 03/2011
- Current Period Quarter 3, 2012
 - Pierce 13% 30 day readmission RIR
 - South King 15%
 - Spokane 16.3
 - Whatcom 8.2%
 - Yakima / TriCities 7.4%
 - Skagit 17.3%



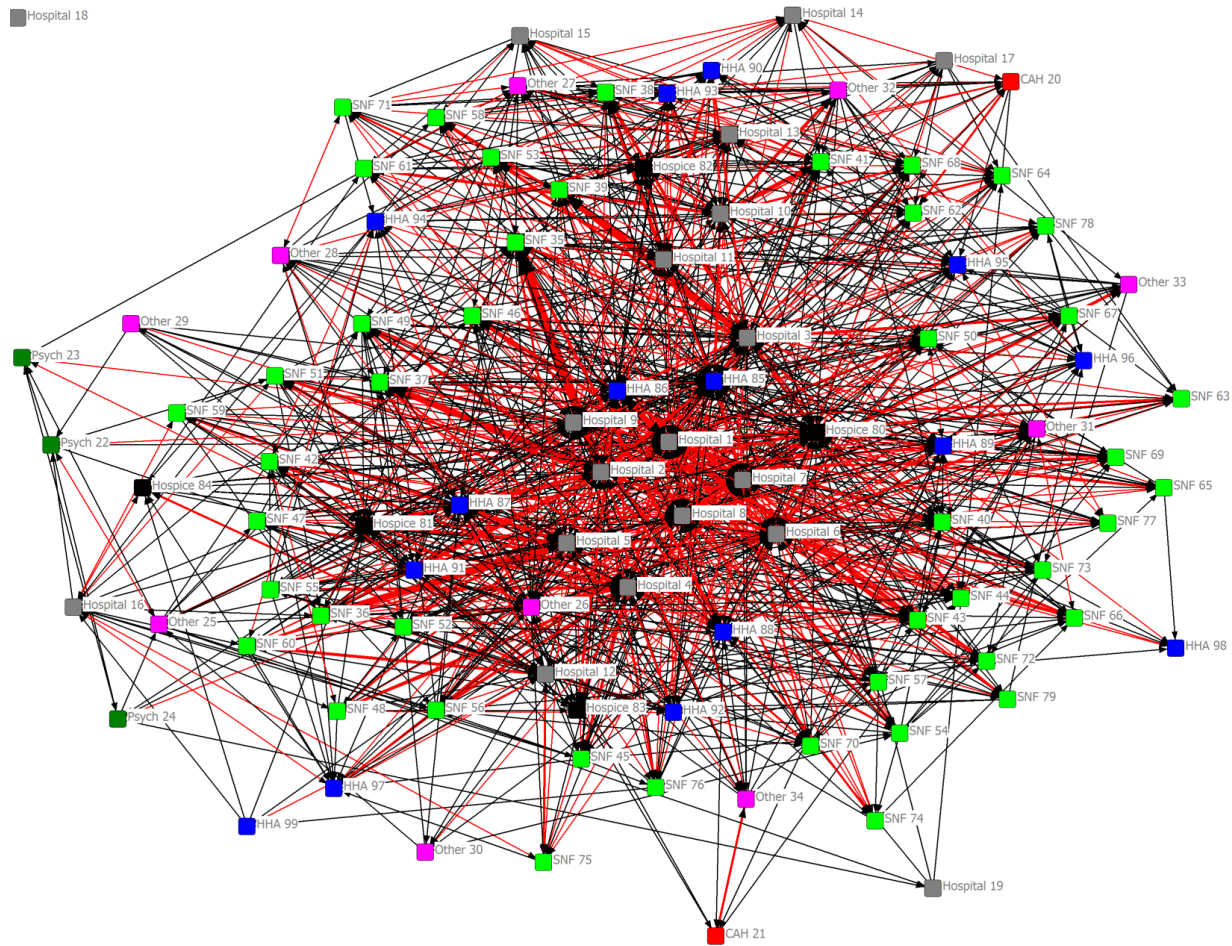
Motivating Providers

(especially hospitals)

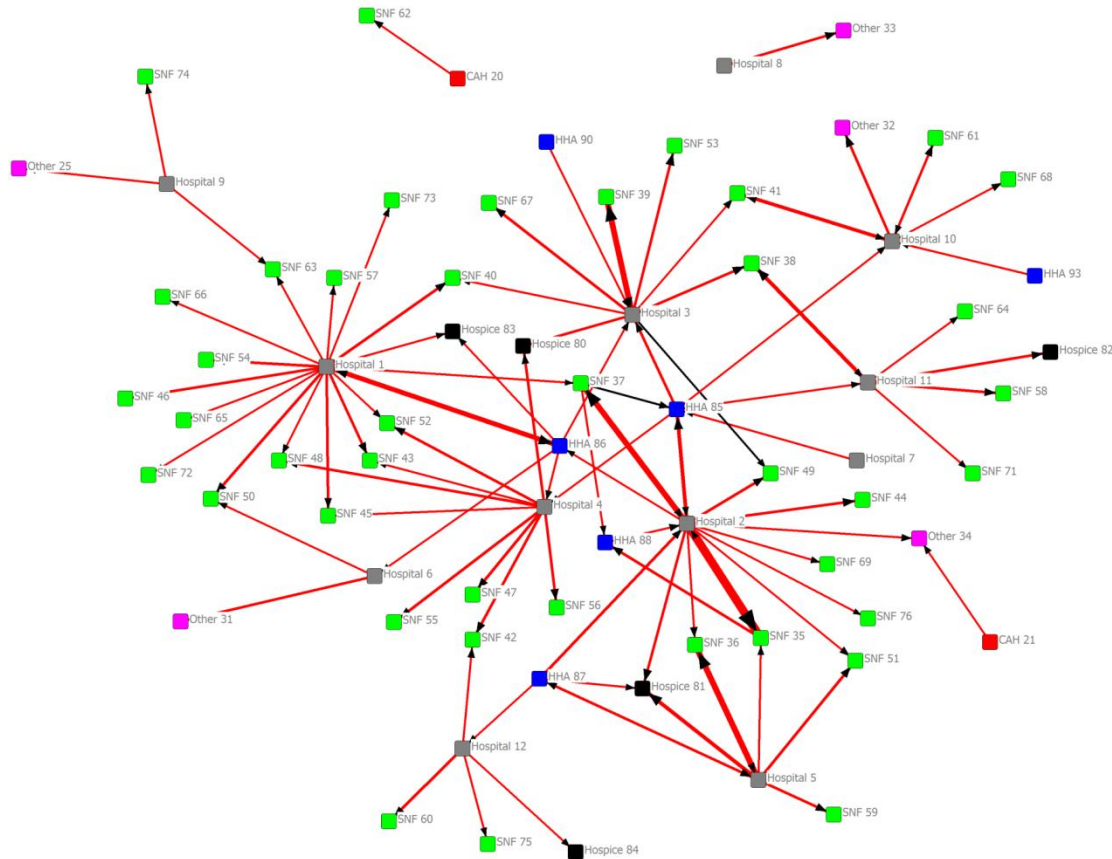
- QIO is a neutral quality improvement resource (will, ideas, execution)
- QIO leverages provider and action via data reports
 - Community assessments & reports
 - Hospital, SNF and HHA Readmission reports



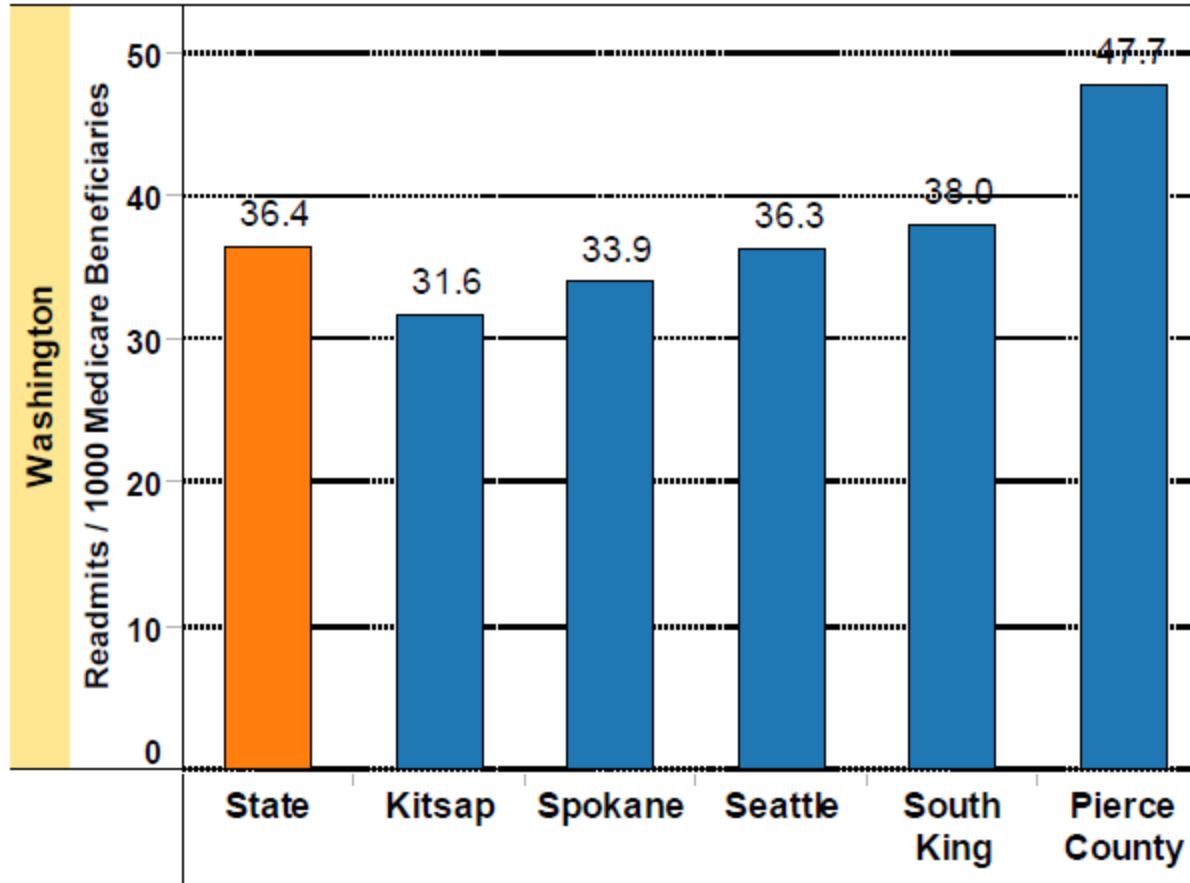
What We Show Providers



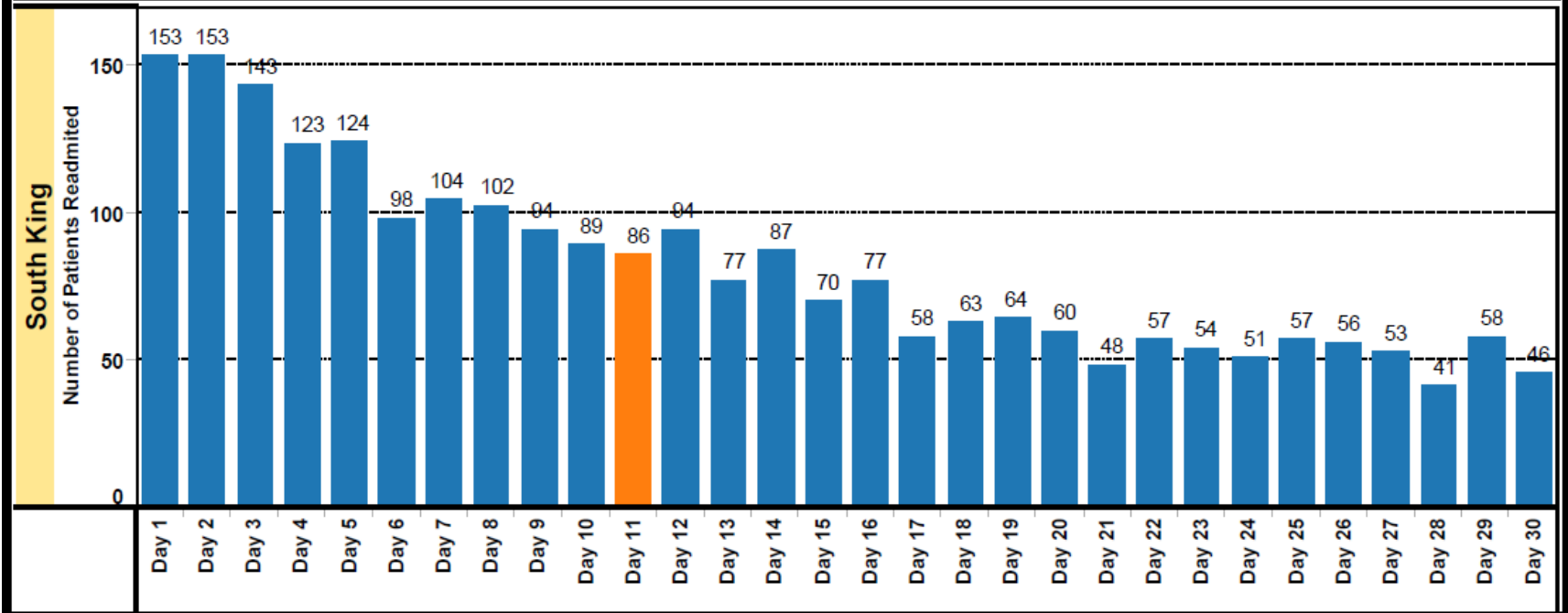
What We Show Providers



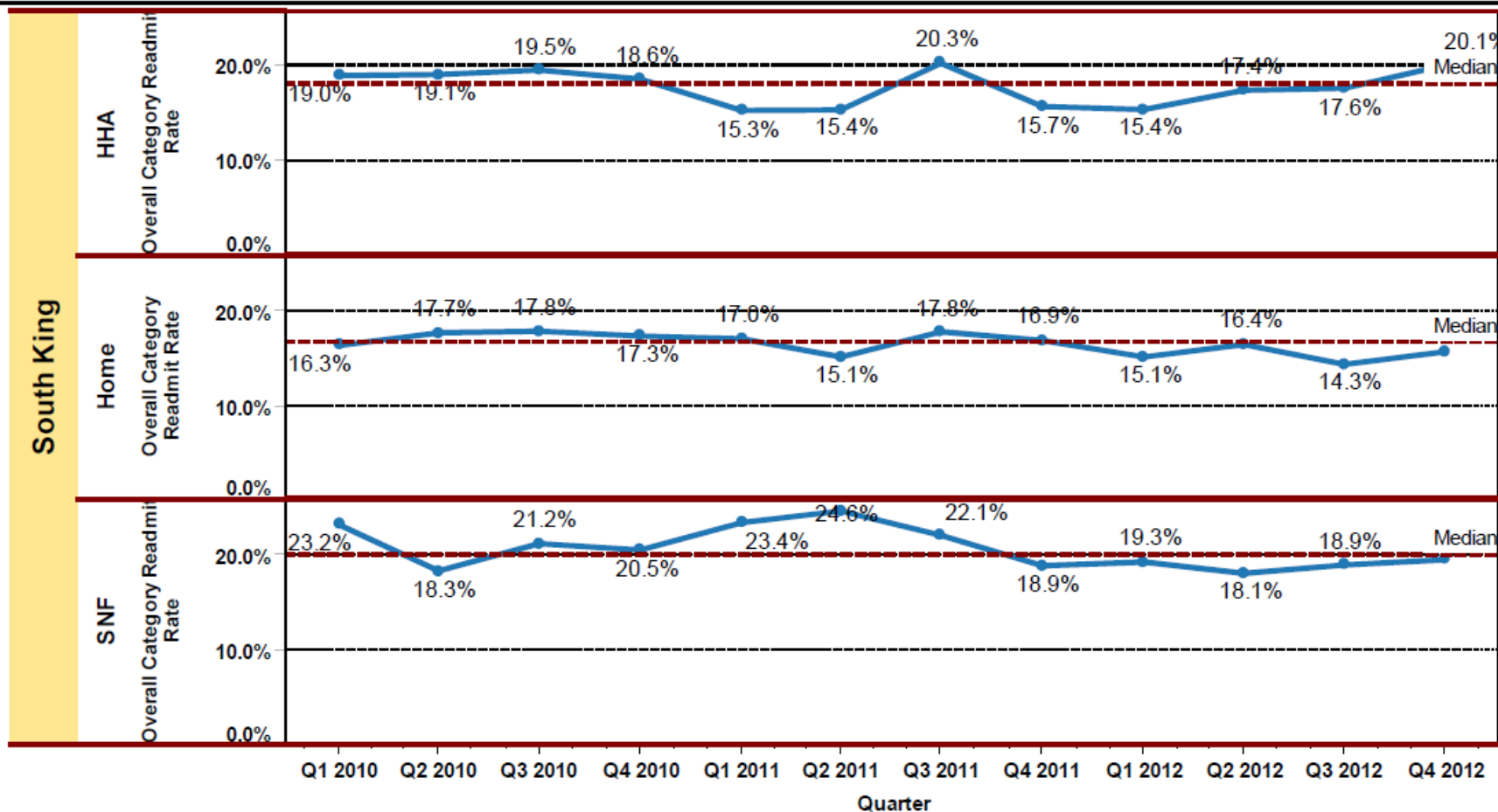
**State Care Transitions Communities
Readmit Rates / 1000 Medicare Beneficiaries
for Current Year
Jan 2012 - Dec 2012**



Number of Patients by Day Post Hospital Discharge to Hospital Readmit within 30 Days (Medicare Only: Jan 2012 to Dec 2012)
 Orange is Day When 50% of Readmits Have Occurred (Median)



Community Wide Overall Medicare 30 Day Readmit Rates by Initial Hospital Discharge Category Includes All Readmissions from Any Post Acute Setting within 30 Days of Discharge (see Table 2 on page 6)



Provider Motivations a AAA Can Use

- Patient and family suffering
- Low financial yield on rehospitalizations (longer LOS)
- Procedural diagnoses pay better
- Commercial payers reimburse better
- Desire to avoid building new hospital beds
- Professional satisfaction and morale (staff satisfaction)



Provider Motivations

- Readmission penalties for hospitals 2012 (Section 3025)
 - First year -- 1% penalties for HF, Pneumonia & Heart Attack
 - Second year --2% plus COPD, Knee & Hip Replacement added
- Value Based Purchasing
 - Patient Experience (HCAHPS) scores
 - New transition related questions (CTM-3)
- Payment reform (ACOs, bundled payments, commercial payer rates)



Long Term Hospital Future

- Fee for Service is unsustainable
- Rising healthcare costs in US (twice that of other countries) with poor outcomes
- Improved community relationships and care coordination is core to ACO and Medical Home
- Care transitions improvement is a concrete first step that requires minimum investment
- High value healthcare is a market advantage
- Will the hospital and community be ready to compete?



Questions?

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For more information:

www.QualisHealthMedicare.org/Transitions

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